SERFF Tracking Number: AMLC-126252759 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 43110

Company Tracking Number: 2009HSX

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical

Hospital/Surgical/Medical Expense Expense

Product Name: 2009 Individual Hospital/Surgical Expense Form HS1

Project Name/Number: 2009 HSX Rate Filing/2009HSX

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2009 Individual SERFF Tr Num: AMLC-126252759 State: ArkansasLH

Hospital/Surgical Expense Form HS1

TOI: H15I Individual Health - SERFF Status: Closed State Tr Num: 43110

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health - Co Tr Num: 2009HSX State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor

Author: Jan Robinson Disposition Date: 08/12/2009

Date Submitted: 08/03/2009 Disposition Status: Approved-

Closed

Implementation Date Requested: 10/01/2009 Implementation Date:

State Filing Description:

#### **General Information**

Project Name: 2009 HSX Rate Filing Status of Filing in Domicile: Not Filed

Project Number: 2009HSX Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: There are no

policies in force in Nebraska, our state of

domicile, and therefore no filing will be made in

Nebraska.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 10%

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 08/12/2009 Explanation for Other Group Market Type:

State Status Changed: 08/12/2009

Deemer Date: Corresponding Filing Tracking Number:

2009HSX

SERFF Tracking Number: AMLC-126252759 State: Arkansas Filing Company: State Tracking Number: 43110 United American Insurance Company

Company Tracking Number: 2009HSX

TOI: H15I Individual Health -Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical

> Hospital/Surgical/Medical Expense Expense

2009 Individual Hospital/Surgical Expense Form HS1 Product Name:

Project Name/Number: 2009 HSX Rate Filing/2009HSX

Filing Description:

2009 HSX Rate Filing

Individual Hospital/Surgical Expense Policy Form HS1

NAIC # 92916

Enclosed is our Rate Filing for the captioned policy form. An Actuarial Memorandum and other supporting documentation are provided for your consideration.

## **Company and Contact**

#### Filing Contact Information

Jan Robinson, Rate Compliance Specialist jrobinson@torchmarkcorp.com 3700 S. Stonebridge Drive (972) 569-3670 [Phone] McKinney, TX 75070 (972) 569-3679[FAX]

**Filing Company Information** 

CoCode: 92916 **United American Insurance Company** State of Domicile: Nebraska P.O. Box 8080 Group Code: 290 Company Type: Life and Health

State ID Number:

McKinney, TX 75070-8080 Group Name: Liberty National (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

# **Filing Fees**

Fee Required? Yes Fee Amount: \$0.00 Retaliatory? No

Fee Explanation:

Per Company: No

**COMPANY AMOUNT** DATE PROCESSED TRANSACTION #

**United American Insurance Company** \$50.00 08/03/2009 29594499 SERFF Tracking Number: AMLC-126252759 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 43110

Company Tracking Number: 2009HSX

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical

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Product Name: 2009 Individual Hospital/Surgical Expense Form HS1

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# **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted	
Approved-	Rosalind Minor	08/12/2009	08/12/2009	

 SERFF Tracking Number:
 AMLC-126252759
 State:
 Arkansas

 Filing Company:
 United American Insurance Company
 State Tracking Number:
 43110

Company Tracking Number: 2009HSX

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Project Name/Number: 2009 HSX Rate Filing/2009HSX

## **Disposition**

Disposition Date: 08/12/2009

Implementation Date: Status: Approved-Closed

Comment:

We have approved your request of a 10% level rate increase on this submission. The approval is subject to the following conditions:

- 1. Rate increases will not be given prior to the first annual anniversary date of any policy.
- 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
- 3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
United American Insurance Company	10.000%	10.000%	\$887	1	\$8,872	10.000%	10.000%

 SERFF Tracking Number:
 AMLC-126252759
 State:
 Arkansas

 Filing Company:
 United American Insurance Company
 State Tracking Number:
 43110

Company Tracking Number: 2009HSX

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical

Hospital/Surgical/Medical Expense Expense

Product Name: 2009 Individual Hospital/Surgical Expense Form HS1

Project Name/Number: 2009 HSX Rate Filing/2009HSX

Item TypeItem NameItem StatusPublic AccessSupporting DocumentHealth - Actuarial JustificationApproved-ClosedNoSupporting Document2009 AR HSX SUPPORTING<br/>DOCUMENTATIONApproved-ClosedNo

Rate 2009 AR HSX Rate Filing Approved-Closed No

SERFF Tracking Number: AMLC-126252759 State: Arkansas

Filing Company: United American Insurance Company State Tracking Number: 43110

Company Tracking Number: 2009HSX

TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense

Product Name: 2009 Individual Hospital/Surgical Expense Form HS1

Project Name/Number: 2009 HSX Rate Filing/2009HSX

### **Rate Information**

Rate data applies to filing.

Filing Method: Serff

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 10.000%

Effective Date of Last Rate Revision: 10/03/2008

Filing Method of Last Filing: Serff - AMLC-125761317

**Company Rate Information** 

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this	Program:			
			Program:				
United American	10.000%	10.000%	\$887	1	\$8,872	10.000%	10.000%

Insurance Company